

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party AdministratorsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 4399 Santa Anita AvenueCity El MonteState Cal, Fornia ZIP Code + 4 91731

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Const. Laborers Trust Funds for So. Cal.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Same as aboveCity State ZIP Code + 4

11.a. Nature of such dealing.

*Provides Third party
administrative services to
trust funds*

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

*6-2-04
Dinner at restaurant.*

12.b. Amount.

\$25.99

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.